**INTRODUCTION**

Enhanced recovery protocols have been shown to improve patient care, reduce hospital length of stay and resource utilization without increasing risk to patients. These pathways have become accepted for many different types of surgery, but currently there is no internationally accepted, evidence based enhanced recovery protocol after Liver Transplantation. To address this unmet need, the team at The Royal Free Hospital in London began ERAS4OLT.org, in partnership with the ILTS, to produce global, evidence based, multidisciplinary guidelines to enhance the recovery after liver transplantation. The scientific program covers the entirety of the patient’s perioperative journey addressing the key interventions from work up and patient selection right up to the timing of hospital discharge. This consensus conference will cover the pre-operative, intra-operative and post-operative care of i) the recipient of deceased donor liver transplantation; ii) the recipient of a living liver transplantation and iii) the care of the living liver donor.

We have in excess of 30 expert working groups taking part in this project formed of over 200 worldwide experts from over 30 countries around the world. All of these groups have received professionally performed systematic reviews on each topic which have been screened by our 50 strong Junior Scientific Committee. The expert working groups have each drafted a scientific manuscript assessing the best available literature using the GRADE approach, and if the evidence directly derived from liver transplantation is lacking, the panel will provide recommendations based on their wealth of knowledge and experience. In accordance with the Danish Model of Consensus, these statements will be presented at this meeting and debates will take place with the conference delegates. These discussions will be observed by our illustrious lay-jury, formed of prominent figures from within medicine (but not liver transplantation), who will then assist in producing unbiased recommendations.

Audience participation is a vital part of this process and we welcome you all to this exciting, interactive and educational conference which will enhance the perioperative care of the liver transplant patient worldwide.

**LEARNING OBJECTIVES**

1. Review and summarize existing published evidence for the treatment of patients undergoing LT and liver donation.
2. Provide recommendations and guidelines for the optimal management of patients undergoing liver transplantation and living liver donation.
3. Understand and use the Danish Model and GRADE System for systematic evaluation of the literature and generation of guidelines.

**EXPECTED EDUCATIONAL OUTCOMES**

Disseminate evidence based, consensus generated, guidelines for different areas of liver transplant practice and living donation.

**TARGET AUDIENCE**

Critical Care Specialists, Anesthesiologists, Surgeons, Psychologists, Physical Therapists, Nutritionists, Infectious diseases, Hepatologists, Radiologists, Scientists, Pathologists, Nurses
Welcome and Introduction

12:00-12:10  Welcome
   Michael Spiro  Anesthesiology, London, UK
   Dimitri Raptis  Surgery, London, UK
   Marina Berenguer  ILTS President, Hepatology, Valencia, Spain

12:10-12:20  New ERAS in Liver Transplantation...past, present, and next steps
   Vivienne Hannon  Anesthesiology, London, UK
   Pascale Tinguely  Surgery, London, UK

12:20-12:30  Are short-term complications associated with poor graft and patient survival after liver transplantation?
   Felipe Alconchel  Surgery, Murcia, Spain
   Mark Ghobrial  Surgery, Houston, TX, USA

12:30-12:45  Discussion, recommendations and voting from the audience

Deceased Donor Liver Transplantation - Preoperative measures

12:45-12:55  Which preoperative assessment modalities best identify patients who are suitable for enhanced recovery after liver transplantation?
   Gonzalo Crespo  Hepatology, Barcelona, Spain
   Matthew Armstrong  Hepatology, Birmingham, UK

12:55-13:10  Discussion, recommendations and voting from the audience

13:10-13:20  Does prehabilitation improve short-term outcomes after liver transplantation?
   Don Milliken  Anesthesiology, San Francisco, CA, USA
   Carmen Vinaixa  Hepatology, Valencia, Spain

13:20-13:35  Discussion, recommendations and voting from the audience

13:35-13:45  Does preoperative optimization of the nutritional status improve short-term outcomes after liver transplantation?
   David Victor  Hepatology, Houston, TX, USA
   Patrizia Burra  Hepatology, Padova, Italy

13:45-14:00  Discussion, recommendations and voting from the audience

14:00-14:10  Does preoperative psychological counselling improve compliance and speed of recovery after liver transplantation?
   Emmanuel Weiss  Critical Care, Beaujon, France
   Susan Orloff  Surgery, Portland, OR, USA

14:10-14:25  Discussion, recommendations and voting from the audience

14:25-14:35  Break
Deceased Donor Liver Transplantation - Intraoperative measures

14:35-14:45 Does machine perfusion improve immediate and short-term outcomes by enhancing graft function and recipient recovery after liver transplantation?
Alejandro Ramirez  Surgery, London, UK
David Nasralla  Surgery, London, UK

14:45-15:00 Discussion, recommendations and voting from the audience

15:00-15:10 Which is the optimal anesthetic conduct regarding immediate and short-term outcomes after liver transplantation?
Dhupal Patel  Anaesthesia and Intensive Care Medicine, Cambridge, UK
Ryan Chadha  Anesthesiology, Jacksonville, FL, USA

15:10-15:25 Discussion, recommendations and voting from the audience

15:25-15:35 Which is the optimal anesthetic monitoring regarding immediate and short-term outcomes after liver transplantation?
Thomas Fernandez  Anaesthesiology, Auckland, New Zealand
William Merritt  Anesthesiology, Baltimore, MD, USA
Andre DeWolf  Anesthesiology, Chicago, IL, USA

15:35-15:50 Discussion, recommendations and voting from the audience

15:50-16:00 Which cava anastomosis techniques are optimal regarding immediate and short-term outcomes after liver transplantation?
Tamer Mahmoud Shaker  Surgery, Minneapolis, MN, USA
James Eason  Surgery, Memphis, TN, USA

16:00-16:15 Discussion, recommendations and voting from the audience

16:15-16:25 Should surgical drains or T tubes be inserted intraoperatively to enhance recovery after liver transplantation?
Marit Kalisvaart  Surgery, Zurich, Switzerland
Bijan Eghtesad  Surgery, Cleveland, OH, USA

16:25-16:40 Discussion, recommendations and voting from the audience

16:40-16:55 Break

16:55-17:05 What is the optimal perioperative fluid management regarding immediate and short-term outcomes after liver transplantation?
Clare Morkane  Anesthesiology, San Francisco, CA, USA
John Klinck  Anesthesiology, Cambridge, UK

17:05-17:20 Discussion, recommendations and voting from the audience

17:20-17:30 What is the optimal intraoperative transfusion, blood product and clotting factors management regarding immediate and short-term outcomes after liver transplantation?
Uzung Yoon  Anesthesiology, Philadelphia, PA, USA
Suehana Rahman  Anesthesiology, London, UK

17:30-17:45 Discussion, recommendations and voting from the audience
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17:45-17:55 What is the optimal perioperative analgesia management regarding immediate and short-term outcomes after liver transplantation?
Sun Liying  Beijing, China
Marina Gitman  Critical Care, Chicago, IL, USA
17:55-18:10 Discussion, recommendations and voting from the audience

18:10-18:20 What is the optimal timing for extubation regarding immediate and short-term outcomes after liver transplantation?
Martine Lindsay  Anesthesiology, Edmonton, Canada
Stuart A. McCluskey  Anesthesiology, Toronto, Canada
18:20-18:35 Discussion, recommendations and voting from the audience

Special interest session – Biomarkers and Liver Transplantation
18:35-18:45 Which biomarkers perioperatively may help predict short-term outcomes after liver transplantation?
Jiang Liu  Surgery, Hong Kong, China
Paulo Martins  Surgery, Worcester, MA, USA
18:45-19:00 Discussion, recommendations and voting from the audience

Day 1 Closing Session
19:00 – 19:15 ILTS Presidential address
Marina Berenguer  ILTS President, Hepatology, Valencia, Spain
### Deceased Donor Liver Transplantation - Postoperative measures

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speakers</th>
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<tr>
<td>12:00-12:10</td>
<td>What is the optimal management of thromboprophylaxis after liver transplantation regarding prevention of bleeding, hepatic artery or portal vein thrombosis?</td>
<td>Varvara Kirchner Surgery, Minneapolis, MN, USA, Francois Durand Hepatology, Paris, France</td>
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<td>12:10-12:25</td>
<td>Discussion, recommendations and voting from the audience</td>
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<tr>
<td>12:25-12:35</td>
<td>What is the optimal antimicrobial prophylaxis to prevent postoperative infectious complications after liver transplantation?</td>
<td>Isabel Campos-Varela Hepatology, Barcelona, Spain, Emily Blumberg Infectiology, Philadelphia, PA, USA</td>
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<td>12:35-12:50</td>
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<td>12:50-13:00</td>
<td>When should drains and lines be removed after liver transplantation regarding reducing the length of hospital stay and enhancing recovery?</td>
<td>Nicholas Goldaracena Surgery, Charlottesville, VA, USA, Prashant Bhangui Surgery, Delhi, India</td>
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<td>13:00-13:15</td>
<td>Discussion, recommendations and voting from the audience</td>
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<tr>
<td>13:15-13:25</td>
<td>What is the optimal physiotherapy, occupational therapy and rehabilitation management after liver transplantation regarding reducing the length of hospital stay and enhancing recovery?</td>
<td>Daniel Santa Mina Physiotherapy, Toronto, Canada, Linda Denehy Physiotherapy, Melbourne, Australia</td>
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<td>13:25-13:40</td>
<td>Discussion, recommendations and voting from the audience</td>
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<td>13:50-14:05</td>
<td>Discussion, recommendations and voting from the audience</td>
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<td>14:05-14:15</td>
<td>When is the optimal time to discharge patients after liver transplantation with respect to short-term outcomes?</td>
<td>Tomohiro Tanaka Hepatology, Iowa City, IA, USA, Trevor Reichman Surgery, Toronto, Canada</td>
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<td>14:15-14:30</td>
<td>Discussion, recommendations and voting from the audience</td>
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<tr>
<td>14:30-14:40</td>
<td>Break</td>
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Living Donor Liver Transplantation - Enhanced recovery of the living liver donor

**Preoperative**

14:40-14:50  What is the optimal donor physiological workup to improve short-term outcomes of the donor after living liver donation?
- Manhal Izzy  Hepatology, New York, NY, USA
- Nancy Ascher  Surgery, San Francisco, CA, USA

14:50-15:05  Discussion, recommendations and voting from the audience

15:05-15:15  What is the optimal donor surgical workup to improve short-term outcomes of the donor after living liver donation?
- Tarunjeet S. Klair  Surgery, San Antonio, TX, USA
- Silvio Nadalin  Surgery, Tuebingen, Germany

15:15-15:30  Discussion, recommendations and voting from the audience

15:30-15:40  Does pre-operative counselling of the donor improve immediate and short-term outcomes after living liver donation?
- Megan Adams  Surgery, Aurora, CO, USA
- Elizabeth Pomfret  Surgery, Aurora, CO, USA

15:40-15:55  Discussion, recommendations and voting from the audience

**Intraoperative**

15:55-16:05  Does a multimodal approach to pain of the donor intraoperatively enhance immediate and short-term outcomes after living liver donation?
- Shahi Abdul Ghani  London, UK
- Brian Hogan  Hepatology, London, UK

16:05-16:20  Discussion, recommendations and voting from the audience

16:20-16:30  Does the surgical technique for the donor influence immediate and short-term outcomes after living liver donation?
- Yee Lee Cheah  Surgery, Burlington, MA, USA
- Dieter Broering  Surgery, Riyadh, Saudi Arabia

16:30-16:45  Discussion, recommendations and voting from the audience

**Postoperative**

16:45-16:55  What is the optimal prophylaxis against post-operative DVT in the living donor to avoid complications and enhance recovery?
- Luis Ruffolo  Surgery, Rochester, MN, USA
- Roberto Hernandez-Alejandro  Surgery, Rochester, MN, USA

16:55-17:10  Discussion, recommendations and voting from the audience
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17:10-17:20 When is it safe for the liver donor to be discharged home and prevent unnecessary re-hospitalizations?
  Alessandra Mazzola  Hepatology, Paris, France
  Ali Jafarian  Surgery, Tehran, Iran
17:20-17:35 Discussion, recommendations and voting from the audience

17:35-17:50 Break

Living Donor Liver Transplantation - Enhanced recovery of the recipient after living liver donation

Preoperative
17:50-18:00 What is the lower limit of graft to recipient weight ratio compatible with enhanced recovery of the recipient after living donor liver transplantation?
  How can small-for-size syndrome of the recipient be avoided to enhance recovery after living donor liver transplantation?
  Madhukar S. Patel  Surgery, Dallas, TX, USA
  Yuri Genyk  Surgery, San Francisco, CA, USA
18:00-18:15 Discussion, recommendations and voting from the audience

18:15-18:25 What is the optimal patient selection in relation to pre-transplant status: MELD, renal function, performance status, recent sepsis, and sarcopenia, to ensure recovery after living donor liver transplantation?
  Garrett Roll  Surgery, San Francisco, CA, USA
  Arvinder Singh Soin  Surgery, Delhi, India
18:25-18:40 Discussion, recommendations and voting from the audience

Intraoperative
18:40-18:50 Does modification of portal pressures and flows enhance recovery of the recipient after living donor liver transplantation?
  Ashwin Rammohan  Surgery, Chennai, India
  Abhinav Humar  Surgery, Philadelphia, PA, USA
18:50-19:05 Discussion, recommendations and voting from the audience

Day 2 Closing Session
19:05-19:20 Consensus Conclusion
  Michael Spiro  Anesthesiology, London, UK
  Dimitri Raptis  Surgery, London, UK
The International Liver Transplantation Society (ILTS), The Royal Free Hospital, and University College London jointly prepared this Consensus Conference.

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*The reduced fee applies for: Designated middle-income countries (click [here](#) for list); Residents, fellows, medical students, and others in full-time education; Non-clinical scientists and researchers; Nurses, nurse practitioners, transplant coordinators, and all allied health professionals; Senior members retired from clinical practice.

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